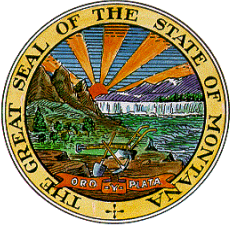


DEPARTMENT OF ADMINISTRATION
STATE PERSONNEL DIVISION



STATE OF MONTANA



OUT OF STATE TRAVEL PREAUTHORIZATION APPLICATION

Dear Subscriber:

Under certain circumstances, your State medical plan reimburses the costs of one-way transportation by a regularly scheduled passenger aircraft or railroad or round trip gas reimbursement for personal automobile (at the State approved personal mileage rate) for you or your dependents to or from out-of-state providers: To be considered for this benefit, we must have the information requested below.

Please complete the subscriber information part of this form. Have your current doctor complete the medical information. Return this completed form to:

Customer Service Department
Blue Cross Blue Shield of Montana
P.O. Box 4309, Helena MT 59601

Subscriber Information – To be completed by Subscriber		
Subscriber's Name:		Phone Number:
Mailing Address:		
City	State	Zip
Subscriber's Social Security Number:	Patient's Name:	
Patient's relationship to subscriber:	Patient's Date of Birth:	
Required Medical Information Must be complete by referring physician.		
Physician's Name:		Phone Number:
Mailing Address:		
City	State	Zip
Diagnosis of patient referenced above:		
Will surgery be performed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Surgical Procedure:	
Type of treatment recommended:		
Estimated date of travel:		
Doctor or clinic patient is being referred to: (Name & complete address)		
Name:		
Address:		
City:	State:	Zip:
Physician's Signature:		Date: